

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. 691-389,545	FILING DATE E4-C-3-94	
								APPLICANT(S)		
								CLAIMS		
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
1							51			
2							52			
3							53			
4		3					54			
5		(1)					55			
6		2					56			
7		3					57			
8		(1)					58			
9		1					59			
10		(1)					60			
11		(1)					61			
12		3					62			
13		2					63			
14		2					64			
15		3					65			
16		3					66			
17		3					67			
18		3					68			
19		3					69			
20		3					70			
21		(1)					71			
22		1					72			
23							73			
24							74			
25							75			
26							76			
27							77			
28							78			
29							79			
30							80			
31							81			
32							82			
33							83			
34							84			
35							85			
36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	4						TOTAL IND.			
TOTAL DEP.	40						TOTAL DEP.			
TOTAL CLAIMS	44						TOTAL CLAIMS			

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